TOWN OF CAMPBELL PERMIT NO._____APPLICATION FOR ELECTRICAL PERMIT

APPLICATION FOR ELECTRIC	AL PERMIT	DATE:	20
The undersigned hereby applies for a according to the following statement:	-	or alter electrica	l wiring and equipment
ADDRESS OF PROJECT			
OWNER/OCCUPANT NAME			
Electrical Service Size	Temporary Se	rvice	Regular Service
No. of Outlets			
Wiring the Following: (Check Applie	cable Items)		
Electric Range Electric Wate	er Heater	Electric Dryer _	Electric Heat
Furnace Wiring A/C Wiring	Electric	Signs	Dishwasher
Miscellaneous	Other		
Valuation of Electrical Work		Permit Fee _	
IT IS HEREBY AGREED between the under Town of Campbell, that for and in considera described, to be issued and granted by the De accordance with the description herein set for strict compliance with all the laws of the Town installations; and to obey any and all lawful provisions of such laws. As a further condition to entry of the premises described hereon, by inspection.	tion of the premises epartment of Inspect orth in this statement; wn of Campbell, and orders of the Inspect on of this permit, the	of the permit to inst ion that the work th and it is further ag the State of Wiscon ion Department man undersigned owner	tall, alter, or repair as above ereon will be done in reed to alter, repair or install in unsin pertaining to electrical de or issued by virtue of the r, or his agent, here by consents
By: Electrical Firm Name	Si	gned:	Contractor's Signature
Electrical Firm Name		Licensed	contractor's Signature
Address & Phone		Sta	ate Contractor's Number

PLEASE CALL 780-4672 TO SCHEDULE YOUR INSPECTION OR IF YOU HAVE ANY QUESTIONS